MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-013488
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3652

FILED APR 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	4006	3	4
3			
4	1		
5	2		
6			
7	2		
8	2		
9			
10			
11			
12	64-0		
13			

64

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 7 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City, Mo
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6853a Plymouth
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Anna (ANNA) Middle Komar Last Komar

4. DATE OF DEATH: Month March Day 29 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: unknown

9. AGE (last birthday): Ab.86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and state or country): Russia

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unknown Sogoloff

13b. MOTHER'S MAIDEN NAME: Sarah Unknown

14. NAME OF HUSBAND OR WIFE: Louis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates o): None

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Jennie Novack 6853a Plymouth

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Arterial Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c): 334x

INTERVAL BETWEEN ONSET AND DEATH: Weeks / years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1, 1961 to 3/29/63 and last saw her/him alive on 3/28/63
Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alvin S. Weinreb, MD

22b. ADDRESS: 8112 Delmar

22c. DATE SIGNED: 3/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3/30/1963

23c. NAME OF CEMETERY OR CREMATORY: Waldheim Cemetery

23d. LOCATION (City, town, or county) (State): Chicago, Illinois

24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson Avenue

25. DATE RECD. BY LOCAL REG.: MAR 29 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Louis O. Judurg

Licensed Embalmer No. 4229

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.